
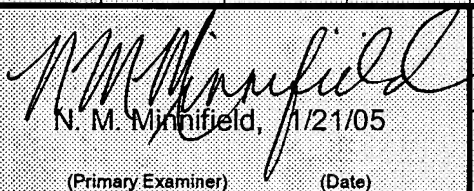
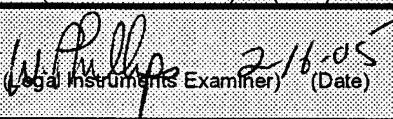



<b>Issue Classification</b> 	<b>Application No.</b>		<b>Applicant(s)</b>	
	10/030,231		ROCH ET AL.	
	<b>Examiner</b>		<b>Art Unit</b>	
	N. M. Minnifield		1645	1 of 2

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
530		300			530	324	350		
INTERNATIONAL CLASSIFICATION					424	547			
A	6	1	K	38/00					
A	6	1	K	35/56					
C	0	7	K	14/00					
C	0	7	K	16/00					
C	0	7	K	17/00					
_____ (Assistant Examiner) (Date)					 N. M. Minnifield, 1/21/05 (Primary Examiner) (Date)			Total Claims Allowed: 3	
 Legal Instruments Examiner (Date)								O.G. Print Claim(s) 1	O.G. Print Fig. none

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
	2		32		62		92
2	3		33		63		93
	4		34		64		94
	5		35		65		95
	6		36		66		96
	7		37		67		97
	8		38		68		98
	9		39		69		99
	10		40		70		100
	11		41		71		101
	12		42		72		102
	13		43		73		103
	14		44		74		104
	15		45		75		105
	16		46		76		106
	17		47		77		107
	18		48		78		108
3	19		49		79		109
	20		50		80		110
	21		51		81		111
	22		52		82		112
	23		53		83		113
	24		54		84		114
	25		55		85		115
	26		56		86		116
	27		57		87		117
	28		58		88		118
	29		59		89		119
	30		60		90		120
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<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/030,231	ROCH ET AL.	
	Examiner	Art Unit	
	N. M. Minnifield	1645	2 of 2

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
530		300										
INTERNATIONAL CLASSIFICATION												
C	0	7	K	2/00								
C	0	7	K	4/00								
C	0	7	K	5/00								
C	0	7	K	7/00								
C	0	7	K	1/00								
(Assistant Examiner) (Date)					(Primary Examiner) (Date)					Total Claims Allowed:		
(Legal Instruments Examiner) (Date)										O.G. Print Claim(s)	O.G. Print Fig.	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	211		241		271		301		331		361		391		
	212		242		272		302		332		362		392		
	213		243		273		303		333		363		393		
	214		244		274		304		334		364		394		
	215		245		275		305		335		365		395		
	216		246		276		306		336		366		396		
	217		247		277		307		337		367		397		
	218		248		278		308		338		368		398		
	219		249		279		309		339		369		399		
	220		250		280		310		340		370		400		
	221		251		281		311		341		371		401		
	222		252		282		312		342		372		402		
	223		253		283		313		343		373		403		
	224		254		284		314		344		374		404		
	225		255		285		315		345		375		405		
	226		256		286		316		346		376		406		
	227		257		287		317		347		377		407		
	228		258		288		318		348		378		408		
	229		259		289		319		349		379		409		
	230		260		290		320		350		380		410		
	231		261		291		321		351		381		411		
	232		262		292		322		352		382		412		
	233		263		293		323		353		383		413		
	234		264		294		324		354		384		414		
	235		265		295		325		355		385		415		
	236		266		296		326		356		386		416		
	237		267		297		327		357		387		417		
	238		268		298		328		358		388		418		
	239		269		299		329		359		389		419		
	240		270		300		330		360		390		420		